

FILED JUL 3 1957

STANDARD CERTIFICATE OF DEATH

57-023147
State File No. 1454

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>500</u>		Registrar's No. <u>1454</u>	
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). -a.-STATE <u>Missouri</u> b. COUNTY <u>St. Louis City</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Koch, Mo.</u>		c. LENGTH OF STAY (In this place) <u>114 days</u>		c. CITY OR TOWN <u>St. Louis</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Robert Koch Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>5418 Partridge</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Matt</u>		b. (Middle) <u>None</u>		c. (Last) <u>Brozovich</u>		4. DATE OF DEATH (Month) <u>6</u> (Day) <u>6</u> (Year) <u>57</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, <input checked="" type="checkbox"/> WIDOWED, <input type="checkbox"/> DIVORCED (Specify)		8. DATE OF BIRTH <u>8-21-78</u>	
9. AGE (In years last birthday) <u>78</u>		10. IF UNDER 1 YEAR Months _____ Days _____		11. IF UNDER 24 HRS. Hours _____ Min. _____		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Moulder</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Steel Foundry</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Yugoslavia</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Toney Brozovich</u>		13b. MOTHER'S MAIDEN NAME <u>Rosie (?)</u>		14. NAME OF HUSBAND OR WIFE <u>(?) Deceased</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, never unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>(?) Unk.</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Records Koch Hospital, Koch, Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Tuberculosis</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause lost. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Mixed infection empyema</u> <u>Bronchopleural fistula</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 years</u> <u>4 months</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>002x</u>				20. AUTOPSY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____			
21d. TIME OF INJURY (Month) _____ (Day) _____ (Year) _____ (Hour) _____ m. _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>2-12</u> , 19 <u>57</u> , to <u>6-6</u> , 19 <u>57</u> , that I last saw the deceased alive on <u>6-6</u> , 19 <u>57</u> , and that death occurred at <u>2:10 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>H.A. Harris</u> (Degree or title) <u>MD</u>				23b. ADDRESS <u>Koch Hospital, Koch, Mo</u>		23c. DATE SIGNED <u>6-6-57</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>6/10/57</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis Missouri</u>	
DATE REC'D BY LOCAL REG. <u>6-8-57</u>		REGISTRAR'S SIGNATURE <u>Herbert B. Donahue</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Moydell Funeral Home 1926 Allen Ave</u>			

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by me, Student Embalmer No.
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed George Groboda

Licensed Embalmer No. 4899

P. O. Address 1926 All

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.